

State of Connecticut  
Electronic Filing Test Package  
Tax Year 2004  
**State changes are bolded**

Form: CT-1040

Test: **400-00-5707**

Based off Federal Test: 400-00-1030

Name: Test A Lott

Home Address: (45020 GREEN WAY)  
City, State, and Zip: **(NEW HAVEN CT 06516)**

Form W-2 #1:

b. Employers identification number: (73-1111222)

c. Employers name address and Zip Code: (THIRD REGIONAL BANK)

f. Employee's address and Zip code: (45020 GREEN WAY)  
**(NEW HAVEN CT 06516)**

Box 15 State and State ID Number: **(CT 1207039-001)**

Box 16 State Wages: **(1,225,500)**

Box 17 State income tax: **(74,000)**

**DIRECT DEPOSIT INFORMATION**

**ROUTING NUMBER: 211977197**

**BANK ACCT NUMBER: 12345678901234567**

**BANK ACCOUNT TYPE: SAVINGS**

0401100011

20

**Form CT-1040 - 2004**  
Connecticut Resident Income Tax Return

Other taxable year, beginning:

**2004**

and ending:

400005707

400005757

S

Y

MFJ/QW

MFS

HH

TEST

A LOTT

EDNA

K LOTT

No forms next year.

45020 GREEN WAY

Form CT-2210 required.

NEW HAVEN

CT 06516

1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line I)	1.	1388485
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)	2.	
3. Add Line 1 and Line 2	3.	1388485
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	
5. <b>Connecticut Adjusted Gross Income</b> (Subtract Line 4 from Line 3)	5.	1388485
6. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X)	6.	69024
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	2865
8. Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)	8.	66159
9. Connecticut Alternative Minimum Tax (from Form CT-6251)	9.	4178
10. Add Line 8 and Line 9.	10.	70337
11. Credit for property taxes paid on your primary residence and/or motor vehicle (from Schedule 3, Line 68)	11.	
12. Subtract Line 11 from Line 10 If less than zero, enter "0".)	12.	70337
13. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	13.	
14. <b>Connecticut Income Tax</b> (Subtract Line 13 from Line 12. If less than zero, enter "0".)	14.	70337
15. Individual Use Tax (From Schedule 4, Line 69) If no tax is due, enter "0"	15.	000
16. <b>Total Tax</b> (Add Line 14 and Line 15)	16.	70337

Clip Check or Money Order here (Do Not Staple).  
Do Not Attach W-2, W-2G, or 1099 Forms.

0401100011

0401100011

17. Amount from Line 16 (Total Tax)

17.

70337

**W-2, W-2G, and 1099 Identification Information** (only enter if Connecticut income tax was withheld)

Column A	Column B	Column C
Employer Identification Number	Connecticut Wages, Tips, Etc.	Connecticut Income Tax Withheld

18a.	731111222	• 1225500	74000
18b.		•	
18c.		•	
18d.		•	
18e.		•	
18f.		•	
18g.		•	

18h. Enter additional Connecticut withholding from Schedule CT-1040WH, Line 3. 18h.

18. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 18. 74000

19. All 2004 estimated tax payments and any overpayments applied from a prior year 19.

20. Payments made with Form CT-1040EXT (Request for extension of time to file) 20.

21. **Total Payments** (Add Lines 18, 19, and 20) 21. 7400022. **Overpayment** (If Line 21 is more than Line 17, subtract Line 17 from Line 21.) 22. 366323. Amount of Line 22 you want **applied to your 2005 estimated tax****23.**

<b>Contributions</b>	24a. AR	24b. OT	24c. ES/W
	24d. BCR	24e. SNS	

24. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 24a - 24e) 24.25. **Refund** (Subtract Lines 23 and 24 from Line 22)

For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c.

**25.**

3663

25a. Acct. Type Ck. ☒ Sv. 25b. Rout. # 211977197 25c. Acct. # 1234567890123456726. **Tax Due** (If Line 17 is more than Line 21, subtract Line 21 from Line 17) 26.

27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10)) 27.

28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01)) 28.

29. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, page X) 29.

30. **Total Amount Due** (Add Lines 26 through 29)**30.**

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your Signature

Date

Daytime Telephone Number

Spouse's Signature (if joint return)

Date

Daytime Telephone Number

Paid Preparer's Signature

Date

Telephone Number

Preparer's SSN or PTIN

• (828) 524-2922

P20000441

Firm's Name, Address, and ZIP Code

FEIN

56-1494243

**Third Party Designee** - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name

Telephone Number

Personal Identification Number (PIN)

•

•

•

Sign Here  
Keep a copy for your records.

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.
33. Special depreciation allowance for qualified property placed in service during this year	33.
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	35.
36. Loss on sale of Connecticut state and local government bonds	36.
37. Allocated for future use	• 37.
38. Other - specify •	38.
39. <b>Total Additions</b> (Add Lines 31 through 38) Enter here and on Line 2.	39.
40. Interest on U.S. government obligations	40.
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.
42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page X)	42.
43. Refunds of state and local income taxes	43.
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.
45. Special depreciation allowance for qualified property placed in service during the preceding year	45.
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	46.
47. Gain on sale of Connecticut state and local government bonds	47.
48. Allocated for future use	• 48.
49. Other - specify (Do not include out of state income)•	49.
50. <b>Total Subtractions</b> (Add Lines 40 through 49) Enter here and on Line 4.	50.

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income		51.	1388485
		Col. A	Col. B
52. Enter qualifying jurisdiction's name and two-letter code	52. •	NEW YORK NY •	RHODE ISLAND RI
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X)	53.	37659	20000
54. Divide Line 53 by Line 51 (May not exceed 1.0000)	54.	0.0271	0.0144
55. Income tax liability (Subtract Line 11 from Line 6)	55.	69024	69024
56. Multiply Line 54 by Line 55	56.	1871	994
57. Income tax paid to a qualifying jurisdiction (See instructions, Page X)	57.	2000	1000
58. Enter the lesser of Line 56 or Line 57	58.	1871	994
59. Total credit (Add Line 58, all columns) Enter here and on Line 7.	59.	2865	

Schedule 3 - Property Tax Credit Worksheet			
Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	•	•	•
Description of Property	•	•	•
List or Bill Number	•	•	•
Date(s) Paid	•	•	•
	•	•	•
Amount Paid	60.	61.	62.
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63.
64. Maximum property tax credit allowed			• 64. 3 5 0
65. Enter the lesser of Line 63 or Line 64.			• 65.
66. Enter the Property Tax Credit Limitation Decimal Amount (If zero, enter amount from Line 65 on Line 68.)			• 66. .
67. Multiply Line 65 by Line 66			• 67.
68. Subtract Line 67 from Line 65. Enter here and on Line 11.			68.

Schedule 4 - Individual Use Tax Worksheet						
Column A	Column B	Column C	Column D	Column E	Column F	Column G
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						
69. Individual Use Tax						• 69.

Make your check or money order payable to: "Commissioner of Revenue Services"		
To ensure proper posting, write your SSN(s) and "2004 Form CT-1040" on your check or money order.		
Mail to:	For refunds and all other tax forms without payment:	For all tax forms with payment:
	Department of Revenue Services	Department of Revenue Services
	PO Box 5002	PO Box 2935
	Hartford CT 06102-5002	Hartford CT 06104-2935

Connecticut Alternative Minimum Tax Return - Individuals

(Rev. 12/04)

You must attach this form to the back of Form CT-1040 or Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social Security Number
		____-____-____
If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number
		____-____-____

**PART I – Please read instructions before completing this form**

1. Federal alternative minimum taxable income (See instructions)	▶	1.		00
2. Additions to federal alternative minimum taxable income (See instructions)	▶	2.		00
3. Add Line 1 and Line 2.		3.		00
4. Subtractions from federal alternative minimum taxable income (See instructions)	▶	4.		00
5. Adjusted federal alternative minimum taxable income. Subtract Line 4 from Line 3. (If married filing separately and Line 5 is more than \$191,000, see instructions)	▶	5.		00
6. If this form is for a child under age 14 (see instructions), otherwise, enter \$40,250 (\$58,000 if married filing jointly or qualifying widow(er), \$29,000 if married filing separately).		6.		00
7. Enter \$112,500 (\$150,000 if married filing jointly or qualifying widow(er), \$75,000 if married filing separately)		7.		00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.		8.		00
9. Multiply Line 8 by 25% (.25).		9.		00
10. Exemption (Subtract Line 9 from Line 6. If zero or less, enter "0.")	▶	10.		00
11. Subtract Line 10 from Line 5. If zero or less, enter "0" here and on Line 26 and skip Lines 12 through 25.		11.		00
<b>Complete only one of Line 12, 13, or 14. Enter the result on Line 15.</b>				
12. If you completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 45 here and on Line 15. Skip Line 13 and Line 14.		12.	00	
13. If Line 11 is \$175,000 or less (\$87,500 or less if married filing separately), multiply Line 11 by 26% (.26). Enter the result here and on Line 15.		13.	00	
14. If Line 11 is more than \$175,000 (more than \$87,500 if married filing separately), multiply Line 11 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. Enter the result here and on Line 15.		14.	00	
15. Enter the amount from Line 12, Line 13, or Line 14.		15.		00
16. Alternative minimum tax foreign tax credit (from federal Form 6251, Line 32)		16.		00
17. Adjusted federal tentative minimum tax (Subtract Line 16 from Line 15)		17.		00
18. Multiply Line 17 by 19% (.19).		18.		00
19. Multiply Line 5 by 5.5% (.055).		19.		00
20. Connecticut minimum tax (Enter the lesser of Line 18 or Line 19)		20.		00
21. Apportionment factor ( <b>Residents</b> , enter 1.0000; <b>Nonresidents</b> and <b>Part-Year Residents</b> , see instructions)		21.	.	
22. Apportioned Connecticut minimum tax (Multiply Line 20 by Line 21)		22.		00
23. Connecticut income tax (from <b>Form CT-1040</b> , Line 6, or <b>Form CT-1040NR/PY</b> , Line 10)	▶	23.		00
24. Net Connecticut minimum tax (Subtract Line 23 from Line 22. If zero or less, enter "0.")		24.		00
25. Credit for alternative minimum tax paid to qualifying jurisdictions. <b>Residents and Part-Year Residents only</b> (from Schedule A, Line 54)	▶	25.		00
26. Subtract Line 25 from Line 24. Enter the amount here and on <b>Form CT-1040</b> , Line 9, or <b>Form CT-1040NR/PY</b> , Line 13.	▶	26.		00

## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

## ▲ Important! ▲

You must enter your SSN(s) above.

## Presidential Election Campaign (See page 16.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You Spouse  
☐ Yes ☐ No ☐ Yes ☐ No

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

If more than four dependents, see page 18.

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .

## c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed . . . . .

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7
- 8a Taxable interest. Attach Schedule B if required . . . . . 8a
- b Tax-exempt interest. Do not include on line 8a . . . . . 8b
- 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a
- b Qualified dividends (see page 20) . . . . . 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . . 10
- 11 Alimony received . . . . . 11
- 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 . . . . . 14
- 15a IRA distributions . . . . . 15a b Taxable amount (see page 22) 15b
- 16a Pensions and annuities . . . . . 16a b Taxable amount (see page 22) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17
- 18 Farm income or (loss). Attach Schedule F . . . . . 18
- 19 Unemployment compensation . . . . . 19
- 20a Social security benefits . . . . . 20a b Taxable amount (see page 24) 20b
- 21 Other income. List type and amount (see page 24) . . . . . 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22

## Adjusted Gross Income

- 23 Educator expenses (see page 26) . . . . . 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24
- 25 IRA deduction (see page 26) . . . . . 25
- 26 Student loan interest deduction (see page 28) . . . . . 26
- 27 Tuition and fees deduction (see page 29) . . . . . 27
- 28 Health savings account deduction. Attach Form 8889 . . . . . 28
- 29 Moving expenses. Attach Form 3903 . . . . . 29
- 30 One-half of self-employment tax. Attach Schedule SE . . . . . 30
- 31 Self-employed health insurance deduction (see page 30) . . . . . 31
- 32 Self-employed SEP, SIMPLE, and qualified plans . . . . . 32
- 33 Penalty on early withdrawal of savings . . . . . 33
- 34a Alimony paid b Recipient's SSN ▶ 34a
- 35 Add lines 23 through 34a . . . . . 35
- 36 Subtract line 35 from line 22. This is your adjusted gross income . . . . . 36



**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

<b>37</b>	Amount from line 36 (adjusted gross income)	<b>37</b>	
<b>38a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1940, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>38a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <b>38b</b> <input type="checkbox"/>		
<b>39</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>39</b>	
<b>40</b>	Subtract line 39 from line 37	<b>40</b>	
<b>41</b>	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 32	<b>41</b>	
<b>42</b>	<b>Taxable income.</b> Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	<b>42</b>	
<b>43</b>	<b>Tax</b> (see page 33). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>43</b>	
<b>44</b>	<b>Alternative minimum tax</b> (see page 35). Attach Form 6251	<b>44</b>	
<b>45</b>	Add lines 43 and 44	<b>45</b>	
<b>46</b>	Foreign tax credit. Attach Form 1116 if required	<b>46</b>	
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>47</b>	
<b>48</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>48</b>	
<b>49</b>	Education credits. Attach Form 8863	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 37)	<b>51</b>	
<b>52</b>	Adoption credit. Attach Form 8839	<b>52</b>	
<b>53</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859	<b>53</b>	
<b>54</b>	Other credits. Check applicable box(es): <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Specify	<b>54</b>	
<b>55</b>	Add lines 46 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	<b>56</b>	

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60</b>	Advance earned income credit payments from Form(s) W-2	<b>60</b>	
<b>61</b>	Household employment taxes. Attach Schedule H	<b>61</b>	
<b>62</b>	Add lines 56 through 61. This is your <b>total tax</b>	<b>62</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>63</b>	Federal income tax withheld from Forms W-2 and 1099	<b>63</b>	
<b>64</b>	2004 estimated tax payments and amount applied from 2003 return	<b>64</b>	
<b>65a</b>	<b>Earned income credit (EIC)</b>	<b>65a</b>	
<b>b</b>	Nontaxable combat pay election <b>65b</b>	<b>65b</b>	
<b>66</b>	Excess social security and tier 1 RRTA tax withheld (see page 54)	<b>66</b>	
<b>67</b>	Additional child tax credit. Attach Form 8812	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 54)	<b>68</b>	
<b>69</b>	Other payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>69</b>	
<b>70</b>	Add lines 63, 64, 65a, and 66 through 69. These are your <b>total payments</b>	<b>70</b>	

**Refund**

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

<b>71</b>	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	<b>71</b>	
<b>72a</b>	Amount of line 71 you want <b>refunded to you</b>	<b>72a</b>	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>73</b>	Amount of line 71 you want <b>applied to your 2005 estimated tax</b>	<b>73</b>	

**Amount You Owe**

<b>74</b>	<b>Amount you owe.</b> Subtract line 70 from line 62. For details on how to pay, see page 55	<b>74</b>	
<b>75</b>	Estimated tax penalty (see page 55)	<b>75</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name  Phone no.  ( ) Personal identification number (PIN)

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ( )	

